

|                                                                                                     |  |                                                                      |  |                |  |                                                                                                                                                                                                                                                                                   |  |                         |  |                                                                         |  |                                                          |  |                                                        |  |                |  |                    |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------|--|----------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------|--|-------------------------------------------------------------------------|--|----------------------------------------------------------|--|--------------------------------------------------------|--|----------------|--|--------------------|--|--|--|--|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b>                              |  |                                                                      |  | <b>VF185</b>   |  | <b>Drinking Water and Groundwater - DG/5</b><br><b>Department of Natural Resources, Box 7921</b><br><b>Madison WI 53707</b>                                                                                                                                                       |  |                         |  | Form 3300-077A                                                          |  |                                                          |  |                                                        |  |                |  |                    |  |  |  |  |  |
| Property Owner AGRICAIR LLC, PERRIN, JIM                                                            |  |                                                                      |  |                |  | Phone # (715)335-4470                                                                                                                                                                                                                                                             |  | <b>1. Well Location</b> |  |                                                                         |  | Fire # (if avail.)                                       |  |                                                        |  |                |  |                    |  |  |  |  |  |
| Mailing Address PO BOX 114                                                                          |  |                                                                      |  |                |  | Town of PINE GROVE                                                                                                                                                                                                                                                                |  |                         |  |                                                                         |  | 5485                                                     |  |                                                        |  |                |  |                    |  |  |  |  |  |
| City BANCROFT                                                                                       |  |                                                                      |  |                |  | State WI                                                                                                                                                                                                                                                                          |  | Zip Code 54921          |  |                                                                         |  | Street Address or Road Name and Number<br>JESSIE JUDD RD |  |                                                        |  |                |  |                    |  |  |  |  |  |
| County                                                                                              |  | Co. Permit #                                                         |  | Notification # |  | Completed                                                                                                                                                                                                                                                                         |  | Subdivision Name        |  |                                                                         |  | Lot #                                                    |  | Block #                                                |  |                |  |                    |  |  |  |  |  |
| Portage                                                                                             |  |                                                                      |  | 44911001       |  | 07-11-2012                                                                                                                                                                                                                                                                        |  | CSM-9497                |  |                                                                         |  |                                                          |  |                                                        |  |                |  |                    |  |  |  |  |  |
| Well Constructor (Business Name)<br>JOSEPH FARAGO                                                   |  |                                                                      |  | Lic. #<br>284  |  | Facility ID # (Public Wells)                                                                                                                                                                                                                                                      |  |                         |  | Latitude / Longitude in Decimal Degree (DD)<br>44.32357 °N -89.51527 °W |  |                                                          |  | Method Code<br>GPS008                                  |  |                |  |                    |  |  |  |  |  |
| Address FARAGO PLBG & TRENCHING INC<br>PLAINFIELD WI 54966                                          |  |                                                                      |  |                |  | Well Plan Approval #                                                                                                                                                                                                                                                              |  |                         |  | SW SE                                                                   |  | Section 2                                                |  | Township 21 N                                          |  | Range 8 E      |  |                    |  |  |  |  |  |
|                                                                                                     |  |                                                                      |  |                |  | Approval Date (mm-dd-yyyy)                                                                                                                                                                                                                                                        |  |                         |  | or Govt Lot #                                                           |  |                                                          |  |                                                        |  |                |  |                    |  |  |  |  |  |
| Hicap Permanent Well #                                                                              |  |                                                                      |  | Common Well #  |  | Specific Capacity<br>4                                                                                                                                                                                                                                                            |  |                         |  | <b>2. Well Type</b> Replacement                                         |  |                                                          |  | of previous unique well #                              |  | constructed in |  |                    |  |  |  |  |  |
| <b>3. Well serves</b> 1 # of BATHROOM<br><br>Non-community<br><br>Heat Exchange ___ # of drillholes |  |                                                                      |  |                |  | Hicap Well ? No                                                                                                                                                                                                                                                                   |  |                         |  | Reason for replaced or reconstructed well ?<br>NO WATER                 |  |                                                          |  |                                                        |  |                |  |                    |  |  |  |  |  |
|                                                                                                     |  |                                                                      |  |                |  | Hicap Property ? No                                                                                                                                                                                                                                                               |  |                         |  |                                                                         |  |                                                          |  |                                                        |  |                |  |                    |  |  |  |  |  |
|                                                                                                     |  |                                                                      |  |                |  | Hicap Potable ?                                                                                                                                                                                                                                                                   |  |                         |  | Construction Type Driven Point                                          |  |                                                          |  |                                                        |  |                |  |                    |  |  |  |  |  |
| <b>4. Potential Contamination Sources - ON REVERSE SIDE</b>                                         |  |                                                                      |  |                |  |                                                                                                                                                                                                                                                                                   |  |                         |  |                                                                         |  |                                                          |  |                                                        |  |                |  |                    |  |  |  |  |  |
| <b>5. Drillhole Dimensions and Construction Method</b>                                              |  |                                                                      |  |                |  |                                                                                                                                                                                                                                                                                   |  |                         |  |                                                                         |  |                                                          |  | <b>8. Geology</b>                                      |  |                |  |                    |  |  |  |  |  |
| Dia. (in.)                                                                                          |  | From (ft.)                                                           |  | To (ft.)       |  | Upper Enlarged Drillhole                                                                                                                                                                                                                                                          |  |                         |  | Lower Open Bedrock                                                      |  | Geology Codes                                            |  | Type, Caving/Noncaving, Color, Hardness, etc...        |  | From (ft.)     |  | To (ft.)           |  |  |  |  |  |
| 2                                                                                                   |  | Surface                                                              |  | 26             |  |                                                                                                                                                                                                                                                                                   |  |                         |  |                                                                         |  | - - Y -                                                  |  | SAND & GRAVEL                                          |  | Surface        |  | 36                 |  |  |  |  |  |
|                                                                                                     |  |                                                                      |  |                |  | Rotary - Mud Circulation .....<br>Rotary - Air .....<br>Rotary - Air & Foam .....<br>Drill-Through Casing Hammer<br>Reverse Rotary<br>Cable-tool Bit ___ in. dia...<br>Dual Rotary .....<br>Temp. Outer Casing ___ in. dia<br>Removed? ___ depth ft. (If NO explain on back side) |  |                         |  |                                                                         |  |                                                          |  |                                                        |  |                |  |                    |  |  |  |  |  |
|                                                                                                     |  |                                                                      |  |                |  |                                                                                                                                                                                                                                                                                   |  |                         |  |                                                                         |  |                                                          |  |                                                        |  |                |  |                    |  |  |  |  |  |
|                                                                                                     |  |                                                                      |  |                |  |                                                                                                                                                                                                                                                                                   |  |                         |  |                                                                         |  |                                                          |  |                                                        |  |                |  |                    |  |  |  |  |  |
|                                                                                                     |  |                                                                      |  |                |  |                                                                                                                                                                                                                                                                                   |  |                         |  |                                                                         |  |                                                          |  |                                                        |  |                |  |                    |  |  |  |  |  |
|                                                                                                     |  |                                                                      |  |                |  |                                                                                                                                                                                                                                                                                   |  |                         |  |                                                                         |  |                                                          |  |                                                        |  |                |  |                    |  |  |  |  |  |
|                                                                                                     |  |                                                                      |  |                |  |                                                                                                                                                                                                                                                                                   |  |                         |  |                                                                         |  |                                                          |  |                                                        |  |                |  |                    |  |  |  |  |  |
|                                                                                                     |  |                                                                      |  |                |  |                                                                                                                                                                                                                                                                                   |  |                         |  |                                                                         |  |                                                          |  |                                                        |  |                |  |                    |  |  |  |  |  |
| <b>6. Casing, Liner, Screen</b>                                                                     |  |                                                                      |  |                |  |                                                                                                                                                                                                                                                                                   |  |                         |  |                                                                         |  |                                                          |  | <b>9. Static Water Level</b>                           |  |                |  | <b>11. Well Is</b> |  |  |  |  |  |
| Dia. (in.)                                                                                          |  | Material, Weight, Specification<br>Manufacturer & Method of Assembly |  |                |  | From (ft.)                                                                                                                                                                                                                                                                        |  | To (ft.)                |  | 10 ft. below ground surface                                             |  |                                                          |  | 12 in. above grade                                     |  |                |  |                    |  |  |  |  |  |
| 2                                                                                                   |  | WHEATLAND ASTM A589 T&C .154 WALL WEIGHT-120                         |  |                |  | Surface                                                                                                                                                                                                                                                                           |  | 32                      |  | <b>10. Pump Test</b>                                                    |  |                                                          |  | Developed ? Yes                                        |  |                |  |                    |  |  |  |  |  |
| Dia. (in.)                                                                                          |  | Screen type, material & slot size                                    |  |                |  | From (ft.)                                                                                                                                                                                                                                                                        |  | To (ft.)                |  | Pumping level 12 ft. below surface                                      |  |                                                          |  | Disinfected ? Yes                                      |  |                |  |                    |  |  |  |  |  |
| 2                                                                                                   |  | SS #12                                                               |  |                |  | 32                                                                                                                                                                                                                                                                                |  | 36                      |  | Pumping at 8 GP M for 1 Hrs.                                            |  |                                                          |  | Capped ? Yes                                           |  |                |  |                    |  |  |  |  |  |
|                                                                                                     |  |                                                                      |  |                |  |                                                                                                                                                                                                                                                                                   |  |                         |  | Pumping Method ?                                                        |  |                                                          |  |                                                        |  |                |  |                    |  |  |  |  |  |
|                                                                                                     |  |                                                                      |  |                |  |                                                                                                                                                                                                                                                                                   |  |                         |  |                                                                         |  |                                                          |  |                                                        |  |                |  |                    |  |  |  |  |  |
| <b>7. Grout or Other Sealing Material</b>                                                           |  |                                                                      |  |                |  |                                                                                                                                                                                                                                                                                   |  |                         |  |                                                                         |  |                                                          |  | <b>12. Notified Owner of need to fill &amp; seal ?</b> |  |                |  |                    |  |  |  |  |  |
| Method                                                                                              |  |                                                                      |  |                |  |                                                                                                                                                                                                                                                                                   |  |                         |  |                                                                         |  |                                                          |  | Filled & Sealed Well(s) as needed? Yes                 |  |                |  |                    |  |  |  |  |  |
| Kind of Sealing Material                                                                            |  |                                                                      |  | From (ft.)     |  | To (ft.)                                                                                                                                                                                                                                                                          |  | # Sacks Cement          |  |                                                                         |  |                                                          |  |                                                        |  |                |  |                    |  |  |  |  |  |
|                                                                                                     |  |                                                                      |  | Surface        |  |                                                                                                                                                                                                                                                                                   |  |                         |  |                                                                         |  |                                                          |  |                                                        |  |                |  |                    |  |  |  |  |  |
|                                                                                                     |  |                                                                      |  |                |  |                                                                                                                                                                                                                                                                                   |  |                         |  |                                                                         |  |                                                          |  | <b>13. Constructor / Supervisory Driller</b>           |  |                |  |                    |  |  |  |  |  |
|                                                                                                     |  |                                                                      |  |                |  |                                                                                                                                                                                                                                                                                   |  |                         |  |                                                                         |  |                                                          |  | Lic #                                                  |  |                |  | Date Signed        |  |  |  |  |  |
| JF                                                                                                  |  |                                                                      |  |                |  |                                                                                                                                                                                                                                                                                   |  |                         |  |                                                                         |  |                                                          |  |                                                        |  |                |  | 07-13-2012         |  |  |  |  |  |
| Drill Rig Operator                                                                                  |  |                                                                      |  |                |  |                                                                                                                                                                                                                                                                                   |  |                         |  |                                                                         |  |                                                          |  | Lic or Reg #                                           |  |                |  | Date Signed        |  |  |  |  |  |
|                                                                                                     |  |                                                                      |  |                |  |                                                                                                                                                                                                                                                                                   |  |                         |  |                                                                         |  |                                                          |  |                                                        |  |                |  |                    |  |  |  |  |  |

**4a. Potential Contamination Sources**Is the well located in floodplain ? No

| Type                                                      | Qualifier | Distance | Type                             | Qualifier | Distance |
|-----------------------------------------------------------|-----------|----------|----------------------------------|-----------|----------|
| POWTS dispersal component (soil absorption unit or mound) |           | 53       | Building Overhang                |           | 3        |
|                                                           |           |          | Septic or Holding, or POWTS Tank |           | 28       |

Comment:

Created On: 08-08-2012

Updated On: 05-07-2020

Review Status: